A community mental health team for the elderly: a survey of GPs' views on the service

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This paper reports the results of a postal survey conducted to ascertain the views of general practitioners on the service provided by a newly established community mental health team for the elderly. The possible implications of GP fundholding for specialist provision of mental health services are discussed.

The management of complex mental health problems in the elderly frequently requires the skills of more than one professional. Increasingly the community mental health team for the elderly (CMHTE) is regarded as an essential component of any psychogeriatric service. Many models exist and there has been much debate about the various strengths and weaknesses of different approaches.

Close working relationships with General Practitioners have always underpinned good practice and for this reason alone it is important to monitor how the service is received. In addition it has been suggested that GP fundholding may threaten the CMHT model (Peck, 1994), and therefore it is essential to evaluate 'consumer satisfaction'. This study was performed with the aim of ascertaining the views of GPs about the service provided by a CMHTE one year after it became operational.

The service

The CMHTE was established with the following aims:

- To provide a comprehensive multidisciplinary service which was committed to assessment and treatment of patients in their own homes where possible.
- To improve ease of referral and access to team members.
- To provide a rapid response with emergencies being seen within 24 hours of referral.

The service provides for an elderly population (over 65-years-old) of approximately 35 660. The *core* team is composed of two consultant psychiatrists, six CPNs, an occupational therapist and a consultant's secretary. Sessional input is provided by two psychologists, a physiotherapist, a clinical assistant and a lecturer. Although the style of working changed when the team was formed, there was no increase in the numbers of staff from previous levels.

The team accepts referrals by telephone, backed up by written information where possible, from GPs and other primary care workers with the consent of the GP. There is a weekly meeting to discuss new patients, allocate routine referrals, and to make cross-discipline referrals. The initial assessment may be performed by any of the team members. However, individual disciplines have maintained their unique professional roles, and there is a high level of cross referral within the team. The team has access to hospital-based services including a joint in-patient assessment unit, rehabilitation, respite and continuing care beds, and day hospital places.

In the first year after formation, the team received 537 referrals of which 527 (98%) were initially assessed by medical or nursing staff. While GPs made very few direct referrals to Occupational Therapy, Physiotherapy or Psychology, these disciplines received much higher referral rates from within the CMHTE.

The survey

A postal questionnaire was sent to all GPs in the Frenchay Healthcare NHS Trust catchment area. The questionnaire was kept brief in order to encourage a high response rate. Three questions (one structured) asked about the GPs' views on the existing service, and the fourth asked for suggestions for new service developments.

Findings

One hundred and five GPs replied, a response rate of 77%.

https://doi.org/10.1192/pb.21.2.88 Published online by Cambridge University Press

1. Has the quality of the service changed since CMHTE became operational?

Twelve GPs did not answer this section as either they were new to the area or had little experience of the service prior to the establishment of the CMHTE. None of the respondents felt that the service had deteriorated. Fifty-nine (63%) GPs thought the quality of the service had improved following the establishment of the CMHTE and 34 (37%) thought it had not changed.

2. Are there any particular problems with the service?

The majority of GPs (83%) reported no problems with the service. Four GPs complained about communication with the CPNs, one commenting that it had previously been easier to liaise when the CPN had been based in the practice. Two thought that there was a need for more CPNs. There were two complaints about delay in responding to referrals both of which related to specific incidents.

Two GPs were concerned about the provision of services for those patients with relatively mild disorders. One GP highlighted the lack of day hospital provision for those patients who were only mildly demented (mildly impaired patients are sometimes reluctant to attend because of the severity of impairment of the other patients, although those with functional illnesses are offered attendance on separate days). One GP felt that a counselling service was required for patients whose difficulties do not amount to formal mental illness.

A few of the respondents used this section to express their views about the appropriateness of various services for the elderly. One GP had reservations about the usefulness of CPN input for the elderly, and another (a fundholder) queried whether CPNs were cost-effective. One GP stated that he thought day care was ineffective for dementia sufferers, and one that a separate service for the elderly was ageist.

3. Are there any particularly good aspects of the service?

The majority of GPs (76%) thought there was at least one particularly good aspect of the service. A rapid response to referrals was the most frequently cited (40 GPs) good aspect of the service. Thirty-five GPs commented on good communication with, and ease of access to the team. Other good aspects of the service included domiciliary visits (7), coordinated multidisciplinary care (4), the quality of day care provided by the two day hospitals (4), and availability of hospital admission (3). Twelve GPs commented on the good quality of service provided by various team members.

4. What new service developments would you like to see?

Most of the suggestions for new service developments could be classified as requests for 'more services'. Four wanted more residential placements for dementia sufferers, two more respite beds, two more day care/occupational therapy places, one more CPNs and one more carer support services. Two GPs wanted more liaison between the memory clinic and the CMHTE and two wanted CPNs attached to their practices. There were two requests for more information about the resources available for the elderly.

Suggestions for new services included information packs for carers (2), an "out of hours service" (1), and separate assessment wards for the functionally ill and dementia sufferers (1). Two revealing responses, albeit perhaps tongue-in-cheek, from fundholders were "Not at these prices!" and "Free Domiciliary visits".

Comment

Although this survey cannot be viewed as an in-depth evaluation of the functioning of the CMHTE, it has provided a useful indication of GPs' perceptions of the service. The high response rate suggests that GPs in our area were interested in the service provided for their elderly patients and keen to provide constructive feedback.

In general, there was a high degree of satisfaction among the respondents, with only 17% commenting on service problems. The perceived need for increased resources to some extent reflects the success of the team in offering a service the 'consumers' want. Postal surveys can offer a low cost method of identifying problem areas (Gehlhaar, 1988) and we have used the results to improve two important aspects of our service delivery.

Communication with team members (all CPNs) was only cited as a problem by four of the respondents although other work would suggest this is a common complaint. Undoubtedly some GPs prefer to work with individuals who are based at their practices and see benefits in terms of communication and control over working with teams (Paxton, 1995). In order to improve liaison with the primary care team, the CPNs are now linked to individual GP practices rather than geographical areas.

The other problem we have been able to address is liaison with the Memory Clinic, which previously was a separate service with only limited psychiatric involvement. Both consultants, the lecturer and an experienced clinical assistant now provide psychiatric input.

There were no complaints about multidisciplinary assessments. This is probably because referrers still have the choice of referring to

https://doi.org/10.1192/pb.21.2.88 Published online by Cambridge University Press

individual professionals if they wish. In practice many patients are cross-referred between team members according to the patients' needs. Due to current contracts, cross referral to a medic or CPN requires the permission of the GP but to date this has never been refused.

None of the GPs thought that the service had deteriorated and most thought it had improved. Many of the objectives that had been set when the team was established were recognised by the GPs as particularly good aspects of the new style of service, most notably the rapid response to referrals and accessibility of team members. Two subsequent audits have looked at referral response times. In a series of 200 first home assessments performed by the medical staff, 44.5% were seen within 24 hours, 74.5% within three days, and 94% within one week of referral. The CPNs managed to assess 91% of patients within three weeks, and 100% of urgent cases within their agreed standard of two working days.

Although some would no doubt argue that this particular team model is very traditional, it nevertheless represents a viable alternative which achieves the objective of close multidisciplinary working while remaining 'GP friendly'. We had anticipated that a few of the fundholding GPs would express some interest in taking over parts of the service but this was not the case. GP purchasers face an ever expanding workload and are likely to be disinclined to increase this further by attempting to provide their own specialist mental health services. For better or worse the purchaser provider relationship may be here to stay and if CMHTs are to survive it is essential that psychiatric services recognise the importance of monitoring customer satisfaction. A small amount of compromise and a willingness to respond to our purchasers' requirements will hopefully dissipate any threat fundholding poses to multidisciplinary team working.

Acknowledgement

We are grateful to members of the Kingswood CMHT whose own audit protocol was adapted for use in this survey.

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